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|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER 10/052,659 | FILING DATE 01/18/2002 RULE | CLASS 705 | GROUP ART UNIT 3626 | ATTORNEY DOCKET NO. 310265.90236 |
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APPLICANTS

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PS6*

** CONTINUING DATA *****

NONE

** FOREIGN APPLICATIONS *****

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 02/12/2002

Foreign Priority claimed

☐ yes ☐ no

35 USC 119 (a-d) conditions met

☐ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged

Examiner's Signature

Initials

STATE OR

COUNTRY
WI

SHEETS

DRAWING
4

TOTAL

CLAIMS
13

INDEPENDENT

CLAIMS
3

ADDRESS

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TITLE

Healthcare information system with clinical information exchange

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|-----------------------------------|---|---|
| FILING FEE RECEIVED 805 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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